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Substitute for form 1449/PTO Complete if Known n INFORMATION DISCLOSURE 10/520,627 **Application Number** STATEMENT BY APPLICANT Filing Date 6/30/2005 .IAN 03 2008 **First Named Inventor** Ingo KALLISKE **Date Submitted:** Art Unit Unassigned (use as many sheets as necessary) **Examiner Name** Unassigned Sheet **Attorney Docket Number** 076326-0294

U.S. PATENT DOCUMENTS						
Examiner Initials*	Çite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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